

**City of Portland, Maine - Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 100 Middle Street 4th floor West tower		Owner: Middle St. Tower Assoc. LP	Phone: 607-720-1640
Owner Address: 501	Lessee/Buyer's Name: Middle St. Tower Assoc. LP	Phone: 501	Business Name: 501
Contractor Name: Middle Street Management LLC		Address: 100 Middle Street Portland ME 04101	
Past Use: Office	Proposed Use: Office	<b>COST OF WORK:</b> \$ 125,000	<b>PERMIT FEE:</b> \$ 774.00
Proposed Project Description:  Renovation of existing office for new tenants portion of the 4th floor		<b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: B Type: 2B BOCA 99
		Signature: [Signature]	
Permit Taken By: [Signature]		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Date Applied For: Feb 15 2000		Signature: _____ Date: _____	

Permit No: 000199

**ISSUED**

Permit Issued: MAR 17 2000

**CITY OF PORTLAND**

one: CBL: 000-8-075

Longing Approval,

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

#1

PERMIT ISSUED WITH REQUIREMENTS

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

PERMIT ISSUED WITH REQUIREMENTS

**CITY OF PORTLAND DISTRICT**

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COMMENTS

6-2-00 Final inspection w/ Steve & Mike C. - walls still open & visible for metal Framing. Fire wall separation between two occupancies. Requested sealed, dated & signed plans from design professional along w/ 3 sheets filled out per sam H. JB

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____